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EXPEDITED PROCEDURE - AMENDMENT AFTER FINAL

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COGNIS CORPORATION
300 BROOKSIDE AVENUE
AMBLER, PA 19002
USADATE: April 7, 2005

TO:

Name: Examiner G. Krishnan, USPTOFax No.: 703-872-9306Art Unit 1623

FROM:

Name: A. Seifert, Ambler, PAFax No.: 215-628-1345NUMBER OF PAGES 17 INCLUDING THIS COVER PAGE.We are transmitting from facsimile machine 215-628-1345.If you do not receive all the pages indicated above, please call Marlene Capreri at 215-628-1016
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Re: Serial No. 10/030,974 filed May 13, 2002
Attorney's Docket: H 4172 PCT/US

- Request for Reconsideration with Amendment Under 37 CFR §1.116 (11 pages)
- Terminal Disclaimer (2 pages)
- Request for Extension of Time (2 pages)
- Fee Transmittal (1 page)

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number: 10/030,974 Filing Date: May 13, 2002 First Named Inventor: Heilemann, Andrea Examiner Name: Ganapathy Krishnan Art Unit: 1623 Attorney Docket No.: H 4172 PCT/US	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		TOTAL AMOUNT OF PAYMENT (\$) 300.00	

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 50-1177 Order Number: 05-0136 Deposit Account Name: _____
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility - Natl. Stage	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
22 - 20 or HP = 2	x	50
		= 100
HP = highest number of total claims paid for, if greater than 20		
Indep. Claims	Extra Claims	Fee (\$)
4 - 3 or HP = 1	x	200
		= 200
HP = highest number of total claims paid for, if greater than 3		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0 - 100 = 0	0 / 50 = 0	0 (round up to a whole number) x	250	0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity)

Other: _____

SUBMITTED BY		Registration No.	Telephone
Signature	<i>Arthur G. Seifert</i>	(Attorney/Agent) 28,040	215-628-1129
Name (Print/Type)	Arthur G. Seifert	Date	April 7, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.